



PLEASE PLACE LABEL IN THIS SPACE

COMMENTS

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

W 10000081 897121

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 3 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 1 3 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

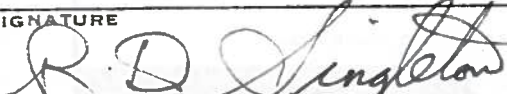
☐ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) R. D. Singleton Director, Plant Engineering McDonnell Aircraft Company	DATE SIGNED 15 Aug 1980
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U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law. (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	<p style="text-align: center;">PLEASE PLACE LABEL IN THIS SPACE</p>	<p>label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>
I. NAME OF INSTALLATION		
II. INSTALLATION MAILING ADDRESS		
III. LOCATION OF INSTALLATION		

FOR OFFICIAL USE ONLY

C		COMMENTS																					
C																							
1 2		16																					
INSTALLATION'S EPA I.D. NUMBER														APPROVED				DATE RECEIVED (yr., mo., & day)				55	
S														T/A		C							
F		M	O	D	0	0	0	8	1	8	9	7	1	1		1							
1 2		13												14		15		16					
																		17					
																		22					

1. NAME OF INSTALLATION																																					
M	C	D	O	N	N	E	L	L		D	O	U	G	L	A	S		C	O	R	P	-	S	T		L	O	U	I	S		B	L		2	7	0

II. INSTALLATION MAILING ADDRESS													
STREET OR P.O. BOX													
P.	O.	.	B	O	X	5	1	6					

15 16															45									
CITY OR TOWN															ST.		ZIP CODE							
4 S T . L O U I S															M O		6 3 1 6 6							
15 16															40 41 42 43 44 45 46 47 48 49 50 51									

III. LOCATION OF INSTALLATION																									
STREET OR ROUTE NUMBER																									
C																									
5	5	7	7	5		C	A	M	P	U	S		P	A	R	K	W	A	Y						
15	16																				48				

CITY OR TOWN															ST.		ZIP CODE					
C																						
6	S	T	.	L	O	U	I	S								M	O	6	3	0	4	2
15	16														40	41	42	47	-	51		

NAME AND TITLE (last, first, & job title)		PHONE NO. (area code & no.)	
2	PATTERSON JEROME SECTION MGR.	314-232-3319	

[illegible]

B. TYPE OF OWNERSHIP <i>(enter the appropriate letter into box)</i>		VI. TYPE OF HAZARDOUS WASTE ACTIVITY <i>(enter "X" in the appropriate box(es))</i>	
F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION <small>57</small>	<input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <small>58</small>
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE <small>59</small>	<input type="checkbox"/> D. UNDERGROUND INJECTION <small>60</small>
	<small>56</small>		

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR 51	<input type="checkbox"/> B. RAIL 52	<input checked="" type="checkbox"/> C. HIGHWAY 53	<input type="checkbox"/> D. WATER 54	<input type="checkbox"/> E. OTHER (specify): 55
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION		<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	
		C. INSTALLATION'S EPA I.D. NO.	
M	0	D	0
0	0	0	0
8	1	8	9
7	1		

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WMOD000818971

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SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

R. D. Singleton

R. D. Singleton
Director, Plant Engineering

7 DEC. 1981

8 replies

MCDONNELL DOUGLAS



14 August 1980

U.S. E.P.A.
Region V
324 East 11th
Kansas City, MO 64106

Attention: Mr. D. Degner, Hazardous Waste Notification Section

REGISTERED MAIL - RETURN RECEIPT

Enclosure: (1) EPA Form 8700-12 - Tract I
(2) EPA Form 8700-12 - Tract II
(3) EPA Form 8700-12 - Tract III
(4) EPA Form 8700-12 - Building 72
(5) EPA Form 8700-12 - Building 75
(6) EPA Form 8700-12 - Building 90-3
(7) EPA Form 8700-12 - Building 250-2
(8) EPA Form 8700-12 - Building 270

Dear Mr. Degner:

Enclosed you will find completed EPA Forms 8700-12 for eight (8) sites.

If you have any questions, please contact us.

Sincerely,

MCDONNELL AIRCRAFT COMPANY

J C Patterson by C.C. Pekkala

J. C. Patterson, Supervisor
Environmental Pollution Control
Department 191C, Building 107